DEPARTMENT OF WORKFORCE DEVELOPMENT   NOTICE: 99-06
DIVISION OF ECONOMIC SUPPORT
ADMINISTRATOR'S MEMO SERIES   ISSUE DATE: 3/25/99
                                           DISPOSAL DATE: Ongoing

                             RE: DES ADMINISTRATOR'S
                                      MEMO DISTRIBUTION
                                      PROCEDURES

To: Child Support Agency Directors
        County Departments of Human Services Directors
        County Departments of Social Services Directors
        County Economic Support Managers/Supervisors
        Tribal Chairpersons/Human Services Facilitators
        Tribal Economic Support Directors
        W-2 Agency Directors

From: J. Jean Rogers /s/
        Administrator

The procedures for distributing DES Administrator's Memos are being changed to accomplish the following objectives:

1)   Get information out more quickly;
2)   Get information targeted to the people that need the information;
3)   Make greater use of technology for information storage and dissemination; and,
4)   Save the time and cost of printing and distributing copies to addressees that are not targeted for the information.

Effective immediately, DES will make the following changes in the way DES Administrator's Memos are distributed.

1)   In the past, a standard group of addresses received all DES Administrator's Memos to reduce potential concerns by agency directors of missing directives.

       Change: The new practice will be to address the Administrator's Memo only to the groups that need the information. The DES INFOWORKS publication, which is available via the Intranet, includes a list of recently released Administrator's Memos which can be used as a reference for those wanting to review the Memos they received against the titles of recently released Memos.

2)   In the past, County Board Chairpersons and Economic Support Leadworkers were included in the list of addressees.

Change: County Board Chairpersons and Economic Support Leadworkers will no longer be included as addressees. It is expected that the Director of the agency will share the information as appropriate with others in their agencies.

3)   In the past, DES relied on paper documents to communicate policy information such as Administrator's Memos. An increasing number of agencies with whom DES contracts have access to the Department of Workforce Development's Intranet (available to DWD staff and partner agencies). All W-2 agencies must have at least one access to the Internet, and recent allocations to Child Support agencies and Income Maintenance agencies provide resources for counties to use to achieve Internet access.

Change: Effective immediately, DES will begin publishing DES Administrator's Memos to the DWD Intranet for access by DWD staff and partner agencies. The required form (DES-10) and procedures to request access to the DWD Intranet by partner agencies are attached to this Memo. Under item number 14 (on the DES-10 form), check the box labeled Other and write "Extranet General" (Partner Page) on the line. If you already have access to the DWD Intranet, you do not need to submit another DES-10 form.

Change: DES will continue to send print copies of the DES Administrator's Memos to the directors of partner agencies through December 31, 1999. In addition, DES will send an e-mail messages to partner agencies, for whom we have an e-mail address, when a DES Administrator's Memo is published to the Intranet. The e-mail will include the Intranet address link to the DES Administrator's Memo, meaning if you have the proper connectivity you can "click" on the address and you will connect to the Memo. The e-mail will also include a link to the DES Home Page "What's New" Intranet site where newly published items will be listed including all new DES Administrator's Memos.

4)   In the past, individuals and organizations who were neither State employees or under contract with the Division could purchase a subscription to the DES Administrator's Memo Series. The mailing list has not been updated for quite some time.

Change: The mailing list of hard copy users will be reviewed so that DWD employees, other state agency employees and partner agencies that can obtain this information electronically are removed from the mailing list for paper copies. All other individuals and organizations wanting to receive copies of DES Administrator's Memos must submit a letter of request and the annual subscription fee of $50.00 to the address listed below.

Department of Workforce Development
Administrative Services Division, Bureau of Information Technology
Mailroom Benefits Distribution Unit
201 E. Washington Ave., Room 245
P. O. Box 7935
Madison, W1 53707-7935
(608) 266-8896

For more information contact: DES Area Administrators

Attachment

STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support

COMPUTER ACCESS REQUEST

Note: Instead of this form, use the CARES, KIDS, or LIHEAP supplemental form, to indicate access changes for these systems.

Please check , one or more of the following four boxes:

☐ Person is requesting a new State Logon ID and does not currently have one for this county or tribe

☐ Person has a change in name, phone number or SSN

☐ Person's access to an application should be added or removed

☐ Person's user ID should be deleted

Please fill in the following information:

1. User ID (if not new req)	2. Name of User (print) Last, First, M.I.			
3. User's Work Phone Number	4. Description of Job		5. Agency	
6. SSN	7. Number	8. HSRS Reporting	9. KIDS FIPS code	10. Agency type (HSD, DSS, DCP, CSA, COC, W-2, etc.)
11. Mother's Maiden Name	12. Supervisor's Name		13. Supervisor's Phone Number	

14. Choose the System(s) for which you are requesting access:

☐ **CARES**   ☐ **CRED BUR** (Advantis)   ☐ **HSRS**   ☐ **KIDS**   ☐ **LIHEAP**   ☐ **LPMF**   ☐ **MA QUERY (EDS-NET)**   ☐ **OTHER**_____ (Please Specify)

If you are requesting access to CARES, KIDS, or LIHEAP please attach the appropriate supplemental form(s),

15. Choose the System(s) for which access should be removed:

☐ **CARES**   ☐ **CRED BUR** (Advantis)   ☐ **HSRS**   ☐ **KIDS**   ☐ **LIHEAP**   ☐ **LPMF**   ☐ **MA QUERY (EDS-NET)**   ☐ **OTHER**_____ (Please Specify)

Use of this Logon and password provides access to confidential information which must be safeguarded in accordance with Wisconsin Statutes. The User's signature on this form constitutes acceptance of responsibility for compliance with §49.32(10), §49.32(10m), §49.81, §49.83, and §943.70(2) and with DWD policy (*attached to new logon approvals*).

User's Signature	Date Signed	Signature of Supervisor/FASL	Date Signed
Signature of County/Tribal/W-2 SO	Date Signed	Signature of State SO	Date Signed
Reason for denial (If left blank, request has been approved)		Password **For Password, call (608) 261-6827**	

White - State Security Officer   Yellow - Local Security Officer   Pink - Functional Agency Liaison   Blue - User

DES-10 (R. 01/99)

COMPLETION INSTRUCTIONS

Instructions for a New User   *PLEASE USE RED INK!*

The agency staff person needing access to any of the state automated data systems owned by the Division of Economic Support or to the LIHEAP or HSRS systems should do the following, with the assistance of his or her supervisor:

1. Check one or more of the four boxes at the top of the form.

2. Complete items 2 through 11. Item 7 will be the 2 digit number for the county or tribe (in Milwaukee County, include region number, *e.g., 40-1*). Item 8 needs to be included only if HSRS access is being requested. Item 9 only needs to be included if KIDS access is being requested. ***(For new users, item 1 should be left blank)***

3. The user should read the entire form especially the verbiage toward the bottom of the page preceding the signature block. ***(When action is taken, copies 2 through 4 of this form will be returned to the security officer. Copies of state statutes and DWD policy will be attached to new approved access.)***

4. Then the user must sign and enter the current date in the section of the signature block labeled "user's signature".

The supervisor should complete items 12 through 14. *(For new users, item 15 is not relevant)*
If the agency finds it useful, the supervisor can sign the form in the box labeled "Signature of Supervisor/FASL".

The functional agency security liaison (FASL) should assist supervisors in determining which systems to choose (item 14) for a particular user. The FASL should sign the form and submit all four parts to the County/Tribal/W-2 Security Officer.

The County/Tribal/W-2 Security Officer signs and dates the form in the section of the signature block labeled "Signature of County/Tribal/W-2 SO" and submits all four parts to the DES Security Officer.

The DES Security Officer approves or denies the request and enters the proper information into the computer. The User/Logon ID will be written in item 1. If the request is denied, a reason will be given. It will be written in the space provided or supplied on an attached document.

If access other then basic query access for CARES, LIHEAP, or KIDS is desired, then the appropriate supplemental form must be completed and attached.

Instructions for Changes

Use this form to change a user's Name, telephone number, or SSN or to add or remove application systems for which the user should have access. To make changes to the type of access within CARES, LIHEAP or KIDS, use the appropriate supplemental form instead of this form.

When using this form for changes, check the box that says "person's access to an application should be added or removed" or the box that says "person has a change in name, phone number or SSN." On some occasions both of these boxes will need to be checked. Then complete items 1 and 2 and the changed information. If this is for a name change, complete item 2 with the old name followed by a "/" and then the new name. If application systems should be added or removed, circle the appropriate systems in items 14 and 15. Current access will be retained unless it is circled in item 15. Change requests must be signed by the user and the County/Tribal/W-2 Security Officer.

Instructions for Deletions

To delete an ID the FASL or the County/Tribal/W-2 Security Officer should check the deletion box at the top of the form and fill in items 1 and 2. If the user had access to KIDS also include item 9 (FIPS code). The form should then be signed by the County/Tribal/W-2 Security Officer.

Return to Local Agencies

After processing, and signing the DES-10 form, the DES Security Officer will then remove the white copy for the state files and return all other copies to the County/Tribal/W-2 Security Officer. The County/Tribal/W-2 Security Officer should distribute the other copies appropriately. The user should call the listed number for an initial password.

Remember - Do not share your password with anyone! Do not write it down or post it.